Epi-Gazette

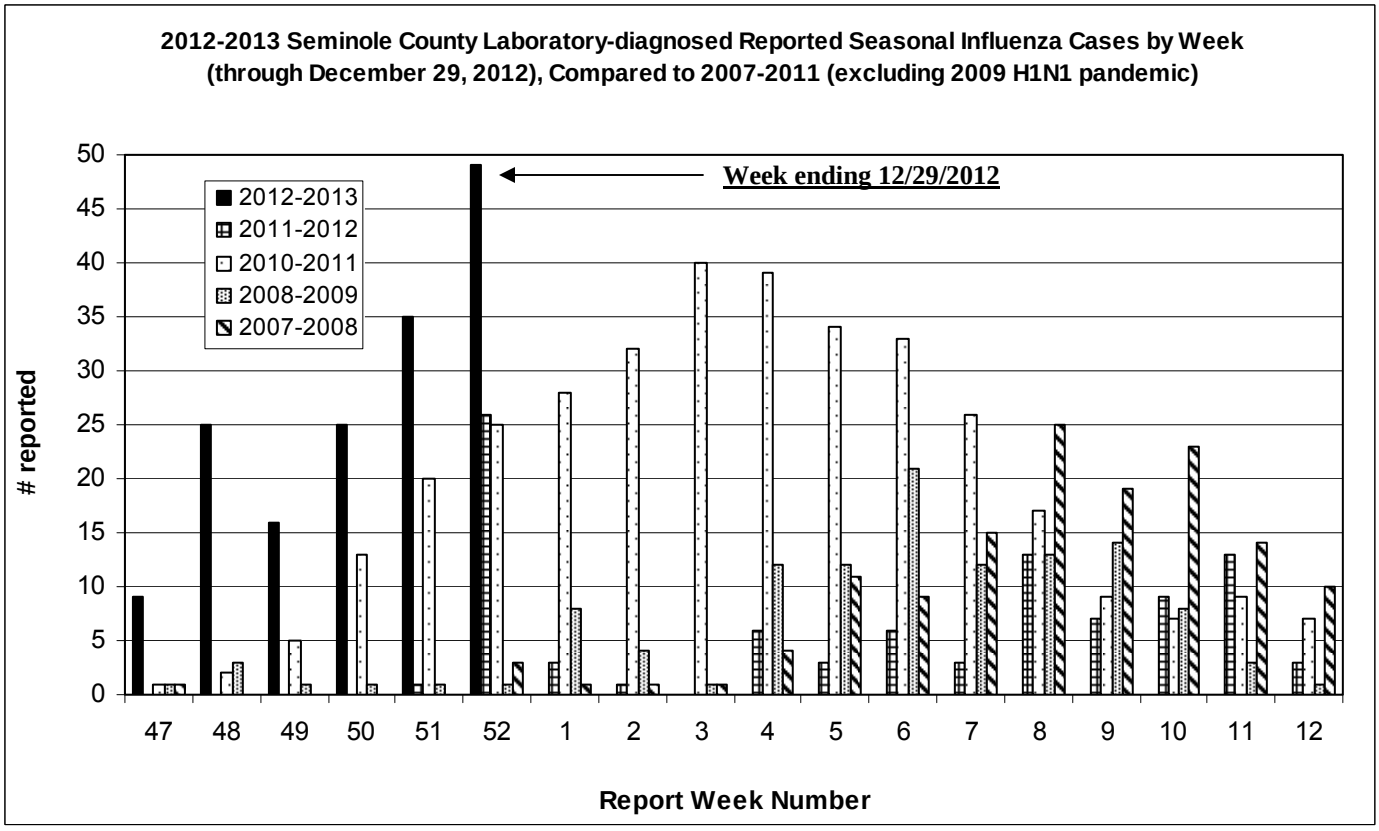
FLORIDA DEPARTMENT OF HEALTH

HEALTH SEMINOLE COUNTY HEALTH DEPARTMENT

January 2013, Issue 149

Seminole County Health Department
WWW.SEMINOLECOHEALTH.COM

The 2012-2013 Influenza Season in Seminole County, through December 29, 2012



The above graph represents numbers of laboratory diagnosed influenza A and B cases reported to the Seminole County Health Department up to December 29 (i.e., "Report Week 52") for the 2012-2013 influenza season, compared to the previous influenza seasons excluding the 2009 H1N1 pandemic.

While this graph cannot be assumed to reflect the true number of influenza cases within the county, they do give an indication of the trends in numbers of cases during this period, and suggest that this current flu season began earlier than those in

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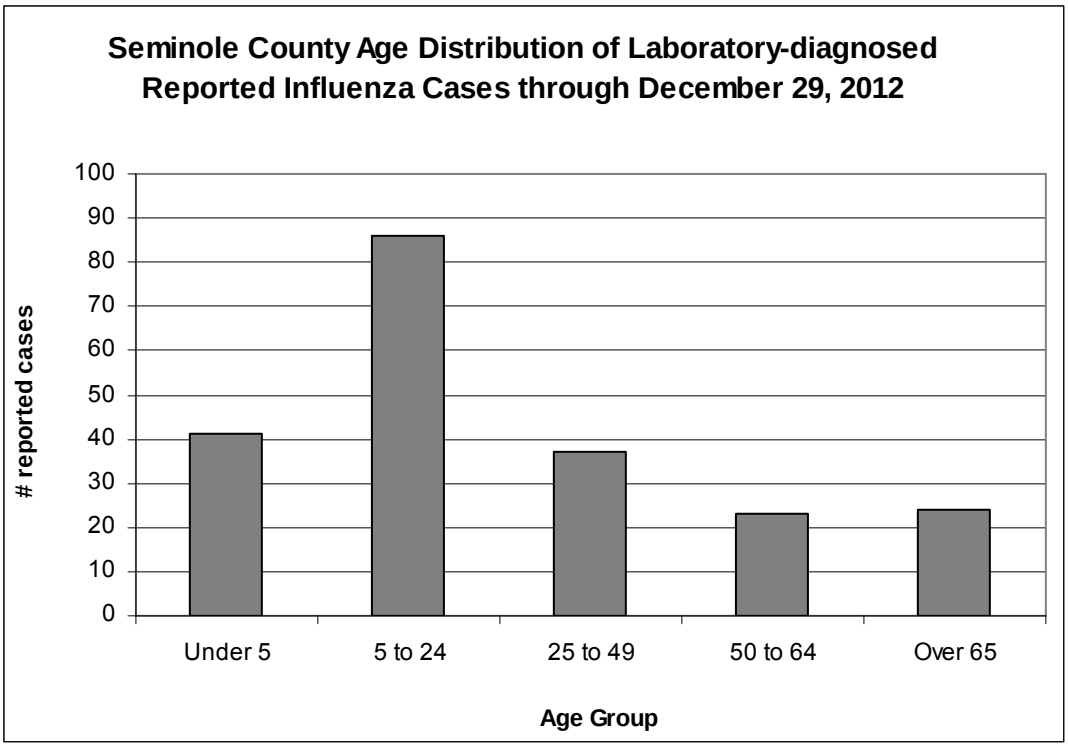
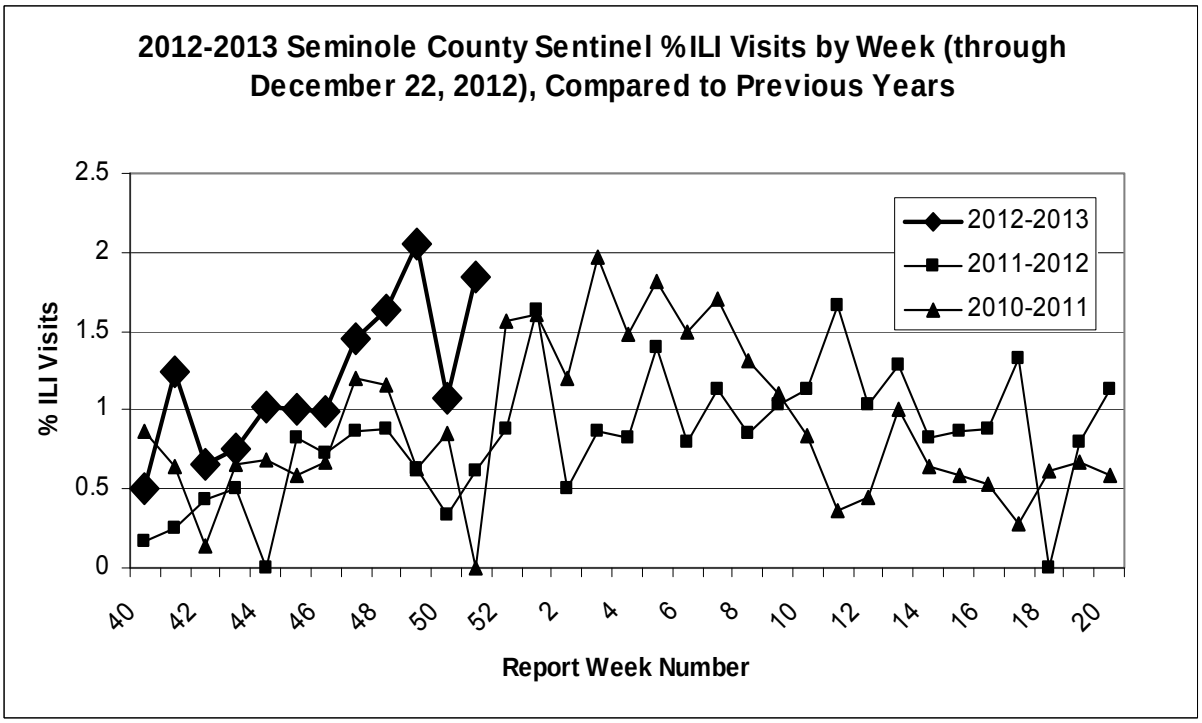
the previous 5 years. The age distribution of the laboratory-diagnosed cases for the 2012-2013 season is shown below from reporting weeks 31 to 52.



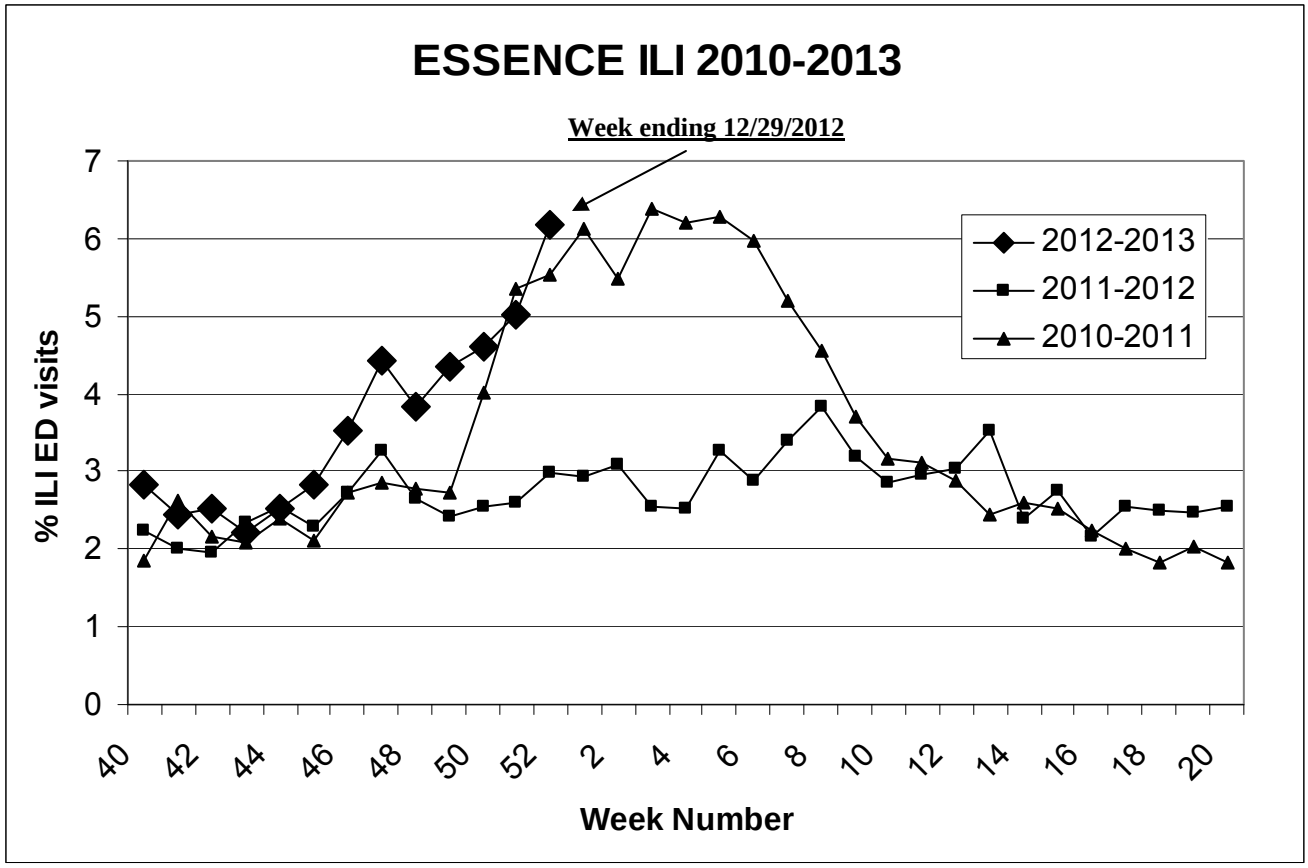
Influenza-Like Illness Visits to Sentinel Physicians in Seminole County

The following graph represents the mean percentage of visits for influenza-like illness (ILI) reported by sentinel physicians in Seminole County for the 2012-2013 season up to December 22 (Week 51) compared to the 2010-2011 and 2011-2012 seasons. For the purposes of surveillance, ILI is defined as fever ≥100°F, and a sore throat and/or cough in the absence of another known cause.



Influenza-Like Illness Visits to Emergency Departments and Urgent Care Centers in Seminole County

The graph below represents the percentage of local emergency department visits for ILI in Seminole County for the 2012-2013 season up to December 29 (Week 52) compared to the 2010-2011 and 2011-2012 season by patients' chief complaint, as measured by the ESSENCE syndromic surveillance system. Data from patient visits to Florida Hospital Centra Care locations in Seminole County are also included for the 2012-2013 season.



Influenza Strains Circulating in Seminole County, and Antiviral Resistance Nationwide

Of the 212 laboratory-tested specimens reported from week 31 in Seminole County as of December 29, 175 have been identified as influenza A and 39 as influenza B, with 2 individuals being co-infected with influenza A and B. Of the 45 specimens testing positive for influenza statewide by the state laboratories during Week 51, 36 have been identified as influenza A, and 10 as influenza B. Among the influenza A specimens, 27 have been identified as H3 and the remaining are unspecified. As of December 22, no H3N2v has been reported in the state of Florida. Of those tested statewide,12 influenza B specimens have tested as "B/Victoria/02/87 lineage" and one as "B/Yamagata/16/88 lineage" while nationwide CDC reports that the Yamagata lineage accounts for 68.7% of influenza B specimens tested. Influenza B Yamagata lineage is included in the 2012-2013 vaccine whereas the Victoria lineage virus was included in the 2011-2012 vaccine. In the early weeks of the 2012-2013 season influenza B was the most common strain type, however in recent weeks influenza A H3 has been the most commonly detected strain by the Bureau of Public Health Labs. Nationally, none of the H1N1, H3N2, or influenza B samples tested by CDC since October 1 have demonstrated oseltamivir or zanamivir resistance.

For the most current information, please see the statewide Novel H1N1 Influenza Weekly Surveillance Update, available at http://www.doh.state.fl.us/disease_ctrl/epi/swineflu/Reports/reports.htm.

Thank You For Your Participation!

The Epidemiology Program would like to thank the Florida Hospital Centra Care locations throughout Seminole County for their continued participation as influenza sentinel providers in the Florida ILINet Influenza Surveillance Program.

For more information about Florida's List of Reportable Diseases/Conditions, please contact Gregory Danyluk, PhD at 407-665-3266.

Selected Diseases/Conditions Reported to the Seminole County Health Department	2012 through Week 48	2011 through Week 48	2010 through Week 48	2009–2011 Average through Week 48
AIDS*	33	36	43	44.7
Animal Bite to Humans**	21	25	17	22.0
Animal Rabies	4	5	4	5.0
Campylobacteriosis	**42**	31	12	**18.3**
Chlamydia	1300	1364	1222	1236.3
Cryptosporidiosis	**6**	2	3	**4.0**
Cyclosporiasis	1	1	2	2.0
Dengue	**3**	0	3	**1.0**
E. coli Shiga toxin-producing	**9**	5	5	**3.7**
Giardiasis	18	13	32	22.3
Gonorrhea	317	251	322	305.3
Haemophilus influenzae (invasive)	1	4	2	3.0
Hepatitis A	3	3	0	3.3
Hepatitis B (acute and chronic)	66	86	61	65.3
Hepatitis C (acute and chronic)	**343**	278	284	**256.3**
Hepatitis B in Pregnant Women	4	9	8	7.3
HIV*	45	60	56	60.0
Lead poisoning	**9**	2	4	**3.3**
Legionellosis	**6**	1	2	**5.0**
Lyme Disease	**3**	2	1	**2.7**
Meningococcal Disease	**1**	0	0	**0.3**
Pertussis	**11**	2	1	**2.7**
Salmonellosis	95	87	112	105.7
Shigellosis	**43**	14	10	**8.7**
S. pneumoniae – drug resistant	6	12	16	11.0
Syphilis	22	41	20	37.7
Tuberculosis	6	14	9	10.3
Varicella	15	16	23	19.0

***** HIV data includes those cases that have converted to AIDS. These HIV cases cannot be added with AIDS cases to get combined totals since the categories are not mutually exclusive. Current AIDS/HIV data are provisional at the county level.

****** Animal bite to humans by a potentially rabid animal resulting in a county health department or state health office recommendation for post-exposure prophylaxis (PEP), or a bite by a non-human primate.

Reported cases of diseases/conditions in **Bold** are >10% higher than the current three year average for the same time period.

Respiratory Syncytial Virus Surveillance by Month October 1, 2010—December 29, 2012

A statewide Respiratory Syncytial Virus (RSV) surveillance system was implemented in Florida in 1999 to support clinical decision-making for prophylaxis of premature infants. RSV infections usually occur during the late fall, winter, or early spring months (CDC). Data collected by the Florida RSV surveillance system from 1999 - present allow us to identify geographical regions where high infection rates also occur during the summer months.

Data are collected weekly from 12 sentinel hospitals throughout Florida. Each site reports the total number of RSV tests performed and the total number positive to the Bureau of Epidemiology via email or fax. Regional and statewide data are made available to public health professionals, health care providers and the public via the RSV website at http://www.doh.state.fl.us/disease_ctrl/epi/RSV/rsv.htm.

Figure 1 shows trends from October 1, 2010 to December 29, 2012 for the Central Region shown in Figure 2 below, which consists of the following counties: Brevard, Citrus, Flagler, Hernando, Hillsborough, Lake, Marion, Orange, Osceola, Pasco, Pinellas, Seminole, Sumter, and Volusia.

Figure 1. Central Region RSV Surveillance

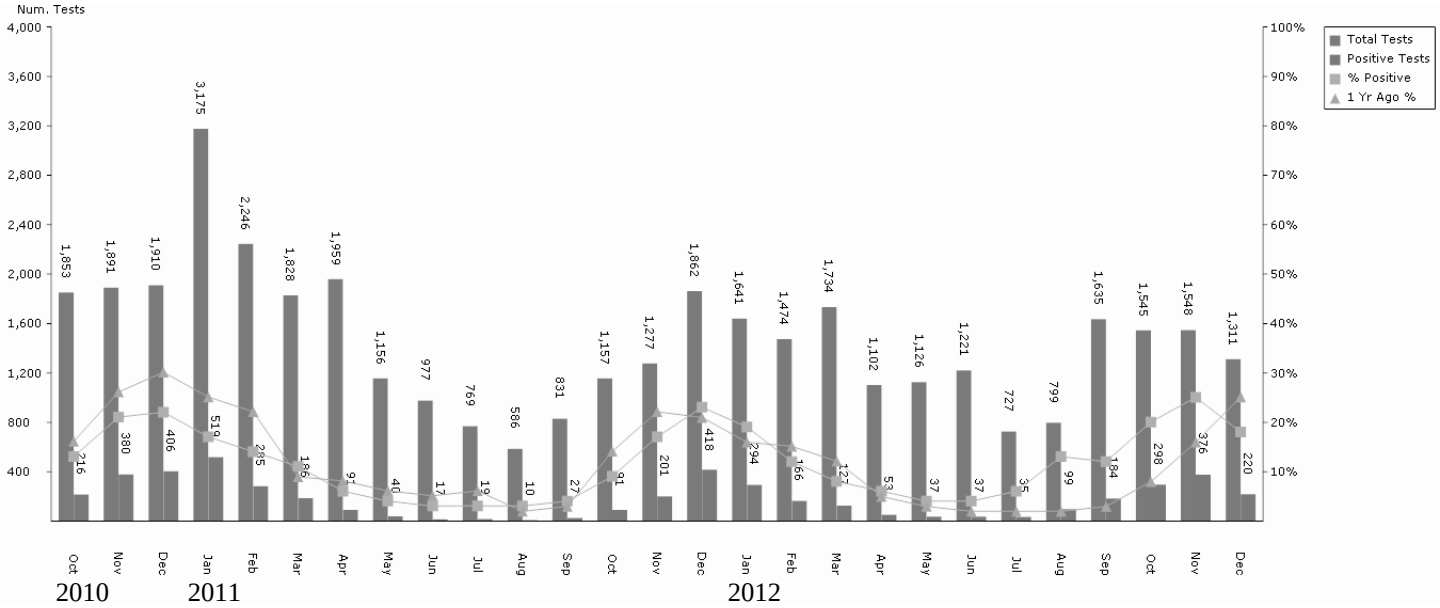


Figure 2. RSV Surveillance Regional Breakdown